**MISCELLANEOUS**
Nursing Assessment Protocol
 Use Progress Notes for Additional Documentation

Inmate Name: Redden, Emanuel Date: 7-24-04 Date of Event: 7-18-04
 Number: [REDACTED] Date Of Birth: [REDACTED] Time: 1030 Time of Onset: climbing up to bunk in evening
 Gender: Male Facility: SCI Activity at onset: [REDACTED]
 Allergies: PCN Medications: [REDACTED]

Subjective:
 Complaint: LT leg swollen & open wound to knee
☒ New ☐ Chronic ☐ History of recent trauma/injury ☐ History of recent infection

 Pain: ☐ No ☒ Yes - Scale (1-10) 8 Location: [REDACTED]
 Type: ☐ Sharp ☐ Dull ☐ Cramping ☒ Constant ☐ Intermittent

 Throbbing ☐ Radiation: ankle to knee
☐ Prior History of Similar Symptoms: ☒ No ☐ Yes:

 Associated Symptoms: leg warm to touch red & swollen
 Vital Signs: Temp: 99° Pulse: 90 Resp: 20 B/P: 140/70 Wt: [REDACTED] Pulse Ox: 97%
Objective:
 General Appearance: ☐ No acute distress ☒ Acute distress
 Color: ☐ Pink ☒ Flushed ☐ Pale ☐ Cyanotic ☐ Jaundice

 Skin: ☒ Warm ☐ Dry ☐ Cool ☐ Moist/Clammy
 Turgor: ☒ Normal ☐ Decreased

 Mucous Membranes: ☒ Moist ☐ Dry
 Exam: LT leg swollen & open area to knee

 Abnormalities Noted: ☐ No ☒ Yes: See above
Assessment Decision:**Findings Requiring Referral:**

- ☐ Abnormal vital signs:
 Temp > 101; Pulse > 100 or < 50; B/P systolic > 200 or < 100
☐ Appears in acute distress
☐ C/O severe pain
☐ Any unexplained clinical abnormality
☒ Any persistent or progressively worse symptoms
☒ Presence of any abnormal findings

Findings Not Requiring Referral:

- ☐ Vital signs WNL
☐ C/O minimal symptoms
☐ No unexplained clinical abnormalities

Plan:

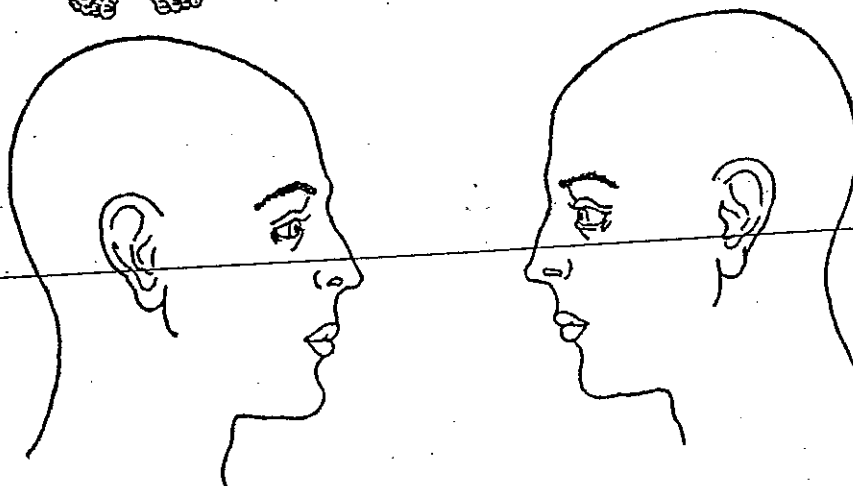
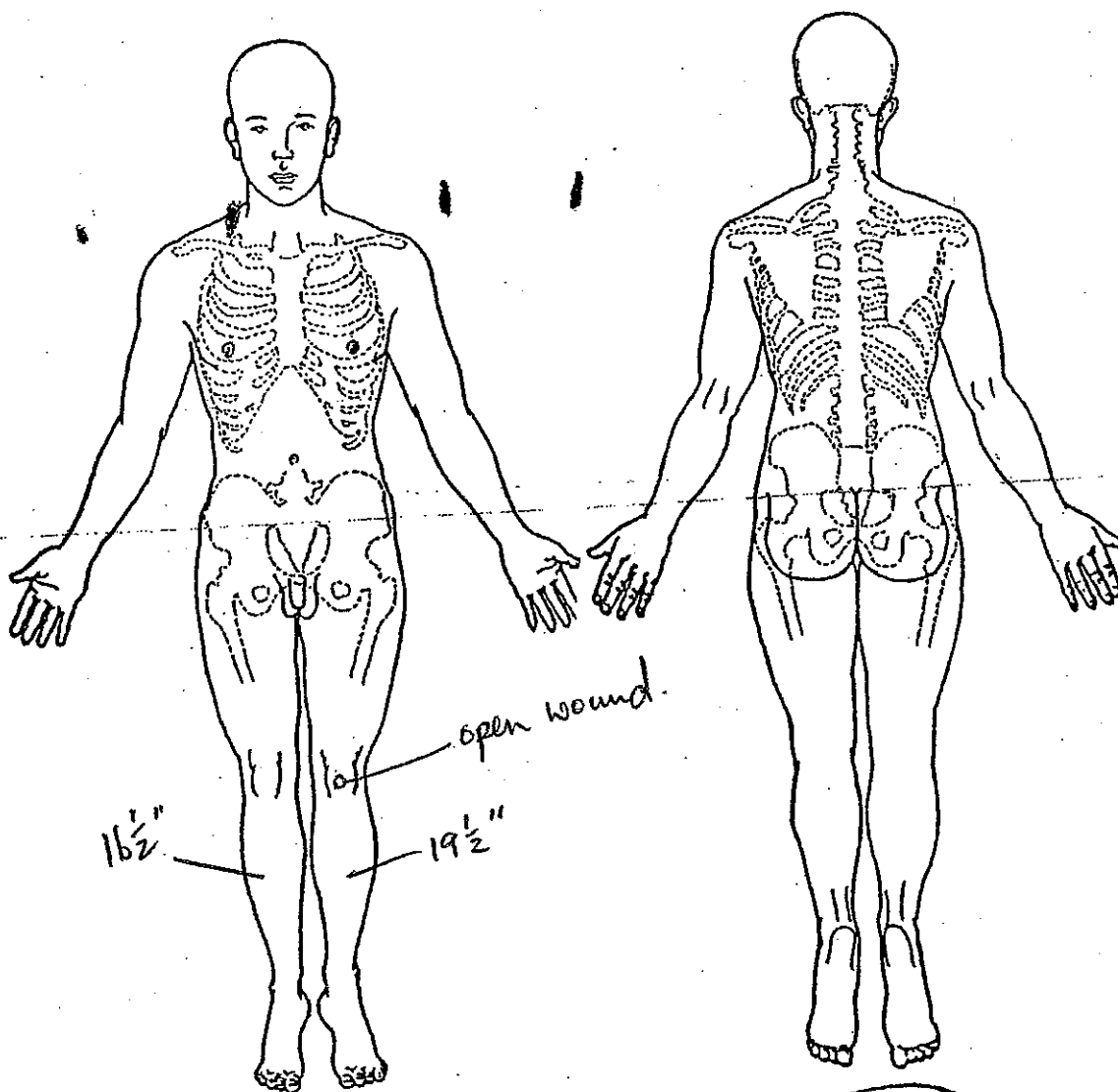
- ☒ Refer to: Frank Marshall Date & Time: Monday 7/26
☒ Instructions: Warm compress @ knee/calf & ELEVATE leg
☐ Medications: ES 500mg i po QID
☒ Other: VS q5.

 Nurse's Signature and stamp: [Signature] RN.

000001

ANATOMICAL FIGURE

INITIAL ALL ENTRIES ON THIS FORM, SIGN AND DATE



000002

INMATE NAME: Redden, Emanuel		ID #: [REDACTED]	RACE: [REDACTED]	DOB: [REDACTED]
COMPLETED BY: B. Cameron		TITLE: LPN	DATE: 7.24.04	TIME: 1040

July '04

[illegible]

BLOOD PRESSURE FLOW SHEET

INMATE NAME

NUMBER: Riddell, Emanuel (medium)

ORDERED BY: Dr. Arinambard

ORDER: _____

DATE ORDERED: 7/24/4

DATE EXPIRES: 8/4/4

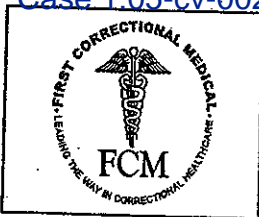
C CORRECTIONAL

M MEDICAL

[illegible]

**CALL MD IF SBP>190mmHg OR IF DBP>110 OR ANY COMPLAINTS OF HA, CP, SOB ETC.
ALL BP's SHOULD BE TAKEN WHILE PATIENT IS SITTING, AFTER 2 MINUTES OF REST.
MR 1008**

00004



Infirmiry Intake Form

Nursing Assessment Protocol

Use Progress Notes for Additional Documentation

Inmate Name: <u>Redden, Emanuel</u>	Date: <u>7.26.04</u> Time: <u>1100</u>
Number: <u>[REDACTED]</u> Date Of Birth: <u>[REDACTED]</u>	Medications: <u>/ MAR</u>
Gender: <u>Male</u> Facility: <u>SCI</u>	Medications: <u>/ MAR</u>
Allergies: <u>PCN</u>	Appearance: <input type="checkbox"/> No Distress <input checked="" type="checkbox"/> Minimal Distress <input type="checkbox"/> Acute Distress

SUBJECTIVE: Chief Complaint: R/O [REDACTED] open wound LT lower leg.

Symptoms:

<input type="checkbox"/> Delayed Verbal Response	<input type="checkbox"/> Delayed Motor Response	<input type="checkbox"/> Bleeding / Bruising Behind Ears
<input type="checkbox"/> Uncoordinated Movement	<input type="checkbox"/> Confusion	<input type="checkbox"/> Lack of Attention
<input type="checkbox"/> Vision Changes	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Headaches
<input type="checkbox"/> Pain: Where: _____	Scale 1 2 3 4 5	<input type="checkbox"/> Decreased LOC
		<input type="checkbox"/> Seizures

OBJECTIVE:

Temp: 97.1 Pulse: 62 Resp: 20 B/P: 143/62 Pulse Ox: _____ WT: _____ Finger Stick: _____

☒ Evidence of trauma

Head: _____

Torso: (11) Back

Extremities: LT lower leg

☒ Wounds

Head: _____

Torso: _____

Extremities: LT knee (11)

☐ Deformities

Head: _____

Torso: N/A

Extremities: _____

Mark and Describe on Diagram

Right	Left	<p>Legend</p> <p>A....Abrasion</p> <p>B....Bruise</p> <p>C....Raccoon's Eyes</p> <p>L....Laceration</p> <p>R....Rash</p> <p>O....Other: _____</p>
Left	Right	

ASSESSMENT:

☐ Critical - Immediate Referral Local Emergency Department

☒ Stable - may house in infirmary

☐ Other: _____

Nurse's Signature and Stamp: B. Cameron Lpn

Time: 1100

000005

Infirmiry Admission Provider Order Sheet

Date: 7-26-04 Facility: SCI Infirmiry Time: 1145
 Inmate Name: Redden, Emanuel Inmate Number: [REDACTED]
 Allergies: PCN

1. Admit to: Medical infirmiry or

2. Diagnosis: Open wound, [REDACTED]

1.

2.

3.

3. Allergies: PCN

1.

2.

3.

4. Diet (circle): NPO Liquid Diet Regular Other: _____

5. IV Fluids as follows Ø

6. Vital signs: ☐ q 2 hrs ☒ q 4 hrs ☐ q 8 hrs

7. Neuro checks: ☐ q 2 hrs ☐ q 4 hrs ☐ q 8 hrs N/A

8. Medications:

1. Erythromycin 500mg PO QID X 8 days
2. Motrin 800mg PO tid X 2 wks
3. Colace 100mg TID PRN X 2 wks
4. _____
5. _____

9. Parameters:

Please call the physician provider if: Pulse Ox is greater than 120 or less than or equal to 50;
 Systolic BP is greater than 190 or less than 110; Diastolic BP is greater than 105 or less than 50;
 Pulse Ox is less than 92% _____

10. Treatments: ↑ Dleg in bed. Measure calves and ankles QD X 1wk

O2 at _____

Dressing changes: See below

Nebulizer treatment: _____

Other: Warm compress to Dleg & knee
Bid, cleanse wound & dress and
Q-tip,
Pack &
1/4" plain
packing,
Cover &
2x2k

Provider Signature & Stamp: [Signature]

Frances Motmore, FNP

*noted
PM admission
7-26-04*

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
7/26/04	1300	Int NSG SCI	Admitted to Intensive. legs elevated. Orders renewed. <i>Emanuel</i>
7/26/04	1800	Int NSG SCI	S. I'm feeling fine. O. VSS w/ok, afebrile. Serous sanguinous drainage to bandage below (L) knee, size of quarter. No puss present. Cleansed purpura wound & NSS using sterile technique & packed wound & iodophore gauze. Covered & sterile 4x4. Tolerated procedure well. A. Altered skin integrity P. Continue & wound care BID, administer Abx, VSS, ↑ legs & warm compresses. <i>S. Wallace RN</i> Susan Wallace, RN
7/27/04	0530	NSG	A & O x 3 VSS. (R) calf was 16 1/2" and (L) calf 18". Ambulating well. Tolerating po. No C/o pain. <i>Emanuel</i>
7/27/04	0530	NSG	24 hour chart check done. <i>Emanuel</i>
7-27-04		SCI Int	S- Slept well, no constipation. (L) knee swelling going down. O-aec. Skin w/ok. Lungs clear, RRR (L) calf 40cm, (R) calf 37cm, & warmth off (L) leg but warmer than (R) leg (L) calf soft. Homans neg. Deep breaths & flexion feet encouraged q 1/2 hr. PP & Post tibial pulses 2+ (L) ankle edema. Bandage to (L)
NAME-Last First Middle			Attending Physician
Edder, Emanuel			<i>[Signature]</i>
			Record No. <i>[Redacted]</i>
			Room/Bed SCI

INTERDISCIPLINARY PROGRESS NOTES

NAME-Last		First	Middle	Attending Physician	Record No.	Room/Bed
DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE			
7-27-04	1300	INF	Knee is bright red blood.			
		INF	A- SIP injury @ knee - wound			
		INF	P- Cont previous orders.			
		INF	E mom 30cc PO QD x 1 wk.			
		INF	C. Morthole & NP Frances Morthole, FNP			
7/27/04	1300	INF	S: "The swelling has gone down now"			
		INF	O: (L) knee dressing prior to changing			
		INF	had quarter size serosanguaneous drainage			
		INF	No purulent drainage on iodophore			
		INF	gauze packing - serosanguaneous only			
		INF	Wound cleansed & repacked - (+) pedal			
		INF	pulses - Warm to touch (L) knee cl/constipation			
		INF	A: Alteration in skin integrity Pot'l			
		INF	for infection.			
		INF	P: Cont'd antibiotics MOM 30cc po			
		INF	given this AM - effective -			
		INF	Jill Mosser RN JILL MOSSER, RN			
7/27/04	1300	INF	S: "I'm doing alright"			
		INF	O: VSS. AF. (L) knee dsq removed. Dime size			
		INF	bloody serous drng. Clean S/S of infection.			
		INF	Warm compress x 15 min. Repack w/ 1/4" iodophore			
		INF	packing strip using ~ 5-6". 4x4 applied on			
		INF	leg w/ elastic bandage to secure dsq.			
		INF	Actual size of wound ~ 1/4" diameter. Call (L) 4"			
		INF	A: Aft. skin integrity. Potential for infection.			
		INF	P: Admin. antibiotic / order. Dsg ID BRS. Eval. Juvare.			

INTERDISCIPLINARY PROGRESS NOTES

D000008

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
7/28/04	0600	NSG	A & D x 3. NSS. No C6 pain this am. Tolerating po. Ambulating with difficulty. <i>Therapeutic</i>
7/28/04	0600	NSG	24 hour chart check due. <i>Therapeutic</i>
7/28/04	0830	NSG Sgt INT	50" I did not sleep at all last night. Dogs were barking, C's yelling, my light was left on all night. D. I.S. stable , Afibrite. A & O x 3, Nungs near b.i.l. Left leg warm to touch. C knee cap and above. Wound opened 1cm by 2cm deep. Wound cleaned. NSS. Packed with gauze, covered 4x4. <i>LT-1634</i> A. Alteration left leg warmth. A. Monitor edema, drainage left knee & leg. Monitor Temp. Keep leg elevated. F/F. <i>Therapeutic</i>
7/28/04	1700	MD	S: Apparently leg is much improved. O: Packing pulled from significant hole in front of knee. Leg warmer than RT. A: Cellulitis. P: Continued cellulitis.
			<i>R. F. Burn</i>

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

Redden

Emmanuel

SCI

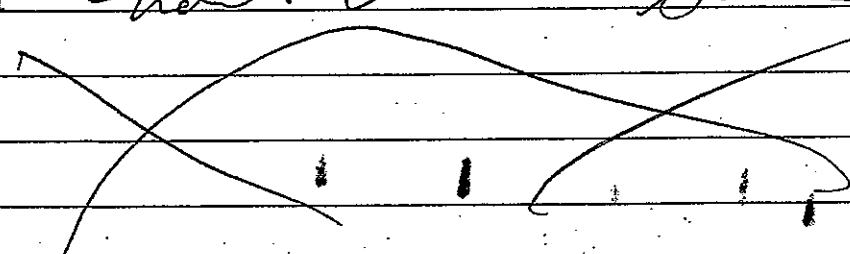
FCM002

INTERDISCIPLINARY PROGRESS NOTES

☐ Continued on Reverse

000009

INTERDISCIPLINARY PROGRESS NOTES

NAME-Last		First	Middle	Attending Physician	Record No.	Room/Bed
DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE			
1/29/04	2300	Nurse SCI	<p>S. "How much longer do I have to stay here?"</p> <p>O. Showered this evening. (L) knee warmer than (R) knee. (L) knee & packed wound - small amt serosanguinous drainage - no purulent drainage. (+) pedal pulses.</p> <p>(L) Wound cleansed & NSS & re-packed - No 40 pain. - states numbness around (L) knee wound. Afebrile.</p> <p>A. Alteration in skin integrity</p> <p>P. Can't to do warm compresses BID & dressing A/S to (L) knee -</p> <p>Jill Mosser RN JILL MOSSER, RN</p>			
2/1/4	0600	Nurse SCI	<p>(S) "Want my knee to be O.K." -</p> <p>(L) VSS Afebrile. Leg warm to touch. Drgs D/L. Pedal pulse. No 40 pain. Edema mild.</p> <p>(A) Alt in comfort (H) for infection</p> <p>(P) Antx. Rest. Drg A's.</p> <p>(C) Clean drsgs. Elevate.</p> <p>Amy Munson, RN</p> <p>24° Chart ✓ </p>			

INTERDISCIPLINARY PROGRESS NOTES

D000010

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
7/29/04	0900	NSG	<p>S. "I'm finding it difficult to sleep at night & all the noise."</p> <p>D. LLE, calf measures $16\frac{3}{4}$". Warm to touch, ⊕ pedal pulse. Upper thigh warmer to touch than lower extremity. Knee draining bloody drainage, packed & sterile dressing and covered & dry dressing. No further complaint of pain to knee.</p> <p>A. Alteration in comfort R/T knee pain.</p> <p>P. Monitor for S/S infection. — B. Cameron RN</p> <p style="text-align: right;">Brenda Cameron, LPN</p>
7/29/04	1600	SCI	<p>(S) "I'm feeling Okay"</p> <p>Ⓢ Had quiet evening, in bed resting & SOB ↑. No Qo pain to knee. Scant amt. of bloody drainage noted on dsg. No tunneling noted to wound, No purulent drainage noted. VS 154/91, 96^b 65-20. —</p>
7/30/04	0500	OSD	<p>Ⓢ Will continue to monitor.</p> <p>Ⓢ Alert & Oriented to noise</p> <p>Ⓢ Vitals signs & 15/88 Temp 96.6 R20 HR 63% 98% O2</p> <p>Ⓢ Affect is intact</p> <p>Ⓢ Continue to monitor in infirmary — J. H. H. H.</p>

Last: Redden First: Emanuel Middle: [Redacted] Attending Physician: [Redacted] Record No.: [Redacted] Room/Bed: SCI

FCM-002

INTERDISCIPLINARY PROGRESS NOTES

□ Continued on Reverse

000011

INTERDISCIPLINARY PROGRESS NOTES

NAME-Last		First	Middle	Attending Physician	Record No.	Room/Bed
DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE			
11/30/14	0900	SCI NSG	<p>S. I don't think it's healing right.</p> <p>O. VS WNL. AD x 3. No c/o pain. (L) calf 16 1/3"</p> <p>Scant any amount of serosanguinous drainage c/o day.</p> <p>A. Packed wound c/o ~ 4" iodo from 1/4" gauge. & s/s of purulent drainage.</p> <p>A. Alt in comfort Related to cellulitis</p> <p>P. Cont c/o current tx. Monitor for s/s of infection.</p> <p><i>Victoria Hayden, LPN</i></p>			
12/30/14		MD	<p>3rd leg swelling down</p> <p>Or knee no longer hot</p> <p>Knee joint is much better in knee.</p> <p>A: Cellulitis resolving</p> <p>P: Continue current tx.</p>			
7/30/14	2200	SCI NSG INF	<p>S. "I'm feeling a lot better."</p> <p>O. VSS WNL. Decrease pain (L) calf 17", (R) unaffected calf 16". Tolerated ring A & packing 3 c/o pain, only very slight discomfort observed a/e/b guarding c/o hard. Wound care done per MD protocol. & purulent drainage. Warm, moist soaks x1.</p> <p>A. Alt in comfort</p> <p>P. Cont. c/o wound care, warm moist soaks and ABX per MD's protocol. Sullivan RN</p>			
7/31/14	0900	NSG SCI	<p>24° Chart ✓ done <i>Sullivan</i></p> <p>S) Yea I slept well but it's cold (O) VSS, A&O</p> <p>NO % discomfort. A) Alt in comfort P) Cont to monitor <i>Sullivan</i></p>			

INTERDISCIPLINARY PROGRESS NOTES

D00012

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
4/31/07	1100	SCI NSG	S: "I feel alright." O: A+O x4 VSS. Calves + ankles measured + recorded on flow sheet. Knee wound cleansed, packed, + dressed per MD order. No tunnelling of wound. No purulent drainage. A: Impaired skin integrity, HR infection P: Cont & POC Jill Mosser RN
7/31/07	2200	NSG SCI Inf.	S: "Monday I'll be getting out of here." O: Alert + oriented x3 @ LE elevated - ① knee wound cleansed & NSS + repacked & dsg. No purulent drainage - No odor ④ serosanguinous drainage. ④ pedal pulses Warm moist compressed to @ LE x1 A: Impaired skin integrity P: Cont & dressing changes + PO antibiotics. Jill Mosser RN JILL MOSSER, RN
8/1/07	0030	NSG SCI	24° Chart done ————
	0030	NSG SCI	9/1m resting quietly & eyes closed ————
	0030	NSG SCI	S: "I am going to get out of here tomorrow." VSS H&O, Dsg P. Ambulates ss guarding A: Impaired skin int. P: Cont & POC, monitor for s/s of infection. Jill Mosser RN

NAME-Last: Redden First: Emanuel Middle: Attending Physician: Record No.: Room/Bed: SCI

INTERDISCIPLINARY PROGRESS NOTES

NAME-Last		First	Middle	Attending Physician	Record No.	Room/Bed
Redden		Emanuel				5C1
DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE			
8/1/04	9A	NSG	<p>S: "I'm getting out tomorrow."</p> <p>O: VSS serosanguinous drainage on bandage. No pain at site. alert or oriented.</p> <p>A: Alteration in skin integrity.</p> <p>P: Continue dressing changes, warm compresses & monitoring. Daugherty</p>			
8/1/04	2100	NSG SCF Inf.	<p>S: "I'm so bored & nothing to read"</p> <p>O: Small amount bloody drainage from</p> <p>(1) knee wound - Repacked - No purulent drainage. Ate site. ^{warm} moist compresses applied -</p> <p>A: Alteration in skin integrity.</p> <p>P: Cont & dress as ^{fur} Mossner</p> <p style="text-align: right;">JILL MOSSER, RN</p>			
8/2/04	0500	NSG SCF Inf.	<p>240 Chart done — ^{Shwulley} lps</p> <p>9/11m resting quietly & eyes closed</p> <p>I'm ready to get out of here</p> <p>VSS A&O ambulating ss guarding</p> <p>alt in circulation</p> <p>Cont to monitor - measure legs</p> <p style="text-align: right;">^{Shwulley} lps</p>			

INTERDISCIPLINARY PROGRESS NOTES

000014

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
8-2-04	0900	SC I Inf	<p>S - want to get out inf. Knee better.</p> <p>O - Old dress removed. Sm amt old dry blood on dry & packing out. No drainage from D knee. W-D 2x2 gauze @ opening of hole and covered w/ dry gauze.</p> <p>Elastic netting to hold in place.</p> <p>Ambulates well. D calf 41cm. R calf 40cm. Calf soft. Horns neg. Equal skin temp of legs. PPT 2. Lungs clear. RRR.</p> <p>A - D knee wound - No cellulitis</p> <p>P - cont Erythromycin x 1 wk</p> <p>E - cont Motrin x 2 wks</p> <p>Dress D Bld x 3d then QD x 1wk</p> <p>Flu 2 me 1wk</p> <p>Skin care / knee care</p> <p>Bottom bunk / T leg / keep clean & dry - mmo given.</p> <p>Dlc Warm compresses. Flu if prob</p> <p>C. Morthole FNP Frances Morthole, FNP</p>
8-3-04	0930	NSG	Released to general population. B. Cameron Jpn

NAME-Last **Golden** First **Emanuel** Middle Attending Physician Record No Room/Bed

FCM-002

INTERDISCIPLINARY PROGRESS NOTES

☐ Continued on Reverse

D00015

INTERDISCIPLINARY PROGRESS NOTES

NAME-Last		First	Middle	Attending Physician	Record No.	Room/Bed
Redden		Emanuel				
DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE			
7-26-04	7:30 AM	SC1	<p>Motrin 800 mg PO tid x 2 wks Colace 100mg PO Bid PRN ↑ D leg Measure calf/ankle bilet @ warm compress @ leg Bid Dress 1 Bid @ NSS - Dress @ tip in wound, pack @ plain 1/4" gauze and cover @ 2x2's US @ 4hr adm to inf. Ch. morpho 4UP Frances Morthole, FNP</p>			
7/26/04	0915	SC1	<p>Key of thumb: and A renal interstitial with considerable vesicular spine formation & joint spine running</p>			
8-9-04	0945	SC1	<p>247 lbs - 128 1/2 6518 97% SUE SCHAPPELL, RN 5- @ knee wound better Spider bite 3 days @ knee cont sm amt greenish drainage & packing in wound, hole smaller than inside wound. Tissue pink in wound - cleansed & packed @ 1/4" packing strip - covered @ gauze & netting. BS x 4 quad - sluggish. Spider bite @ forearm reddened & edematous.</p>			

DATE EXPIRES: _____

F **FIRST**
C **CORRECTIONAL**
M **MEDICAL**

**CALL MD IF SBP>190mmHg OR IF DBP>110 OR ANY COMPLAINTS OF HA, CP, SOB ETC.
ALL BP's SHOULD BE TAKEN WHILE PATIENT IS SITTING, AFTER 2 MINUTES OF REST.
MR 1008**

000017

PHYSICIAN'S ORDER SHEET**ORDERS:** Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.**WRITE OR IMPRINT**
PATIENT INFORMATION BELOW**START**

mom 30cc PO QD x 7d PRN

*Noted -
p/m 7-27-04*

Frances Morthole, FNP

0810

PROVIDER'S SIGNATURE

DATE/TIME

START NEW ORDERS BELOW**START**

① Kreg h hme

Noted - B. Cameron Lpn 7-29-04 1250

Brenda Cameron, LPN

PROVIDER'S SIGNATURE

DATE/TIME

START NEW ORDERS BELOW**START**Release to gen pop
See next order sheet

Noted - B. Cameron Lpn 8-2-04

Frances Morthole, FNP

0915

PROVIDER'S SIGNATURE

DATE/TIME

NAME Redden, EmmaALLERGIES Pen

ID

DOB

6-21-50

D00018

PHYSICIAN'S ORDERS

PHYSICIAN'S ORDER SHEET

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked. ☐ WRITE OR IMPRINT PATIENT INFORMATION BELOW

START

Cont Erythromycin 500mg QID x 1 wk
 Elevate D leg
 Bottom Bunk O memo - done
 Keep dry clean & dry
 Measure CR & D calves QD x 3 days
 then PRO
 2x2 w-o drsg A Bid x 3 days then
 QD till healed
 Flu 1 wk = me
 D/C warm compresses 0920

given
 Be
 Be
 Be
 Be
 Be

NAME Redden, Emanuel
 ALLERGIES PCN

PROVIDER'S SIGNATURE Frances Morthole, FNP DATE/TIME 8-2-04

START NEW ORDERS BELOW

START

~~X-ray @ knee done~~
 Cont Cimetidine 800mg PO tid x 2 wks
 Noted B. Cameron Jfr 8-2-04 0930

given

PROVIDER'S SIGNATURE Frances Morthole, FNP DATE/TIME 8-2-04

START NEW ORDERS BELOW

START

PROVIDER'S SIGNATURE D.000019 DATE/TIME

IDB 6-2150



Mid-Delaware Imaging

Sussex Correctional Institute
Route 113, North
Georgetown, DE 19947

NAME: EMANUEL REDDEN

DOB: [REDACTED]

DOS: [REDACTED]

DATE SUBMITTED: 8/2/04

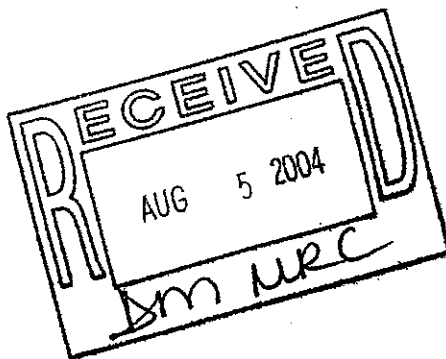
SBI# [REDACTED]

CLINICAL INFORMATION: PAIN.

LT KNEE:

Examination of left knee shows moderate to severe osteoarthritis with considerable reactive spur formation and joint space narrowing. There is no joint effusion. There is no fracture or bone destruction.

MP/par



Mahendra Parikh, M.D.

A handwritten signature in black ink, appearing to be "MP" followed by a date "8/6/04".

710 South Queen Street
Dover, Delaware 19904
302-734-9888

000020

First Correctional Medical
Infirmary Discharge/Transfer SheetName: Redden, Emanuel SBI# [REDACTED] DOB: [REDACTED] Sex: Male Race: BlackDate: 8.2.04 Time: 0930 From: InfirmaryMethod: Ambulatory: ☒ Stretcher: ☐ Ambulance: ☐Escorted By: DOCDischarge/Transfer ordered by: DR Burns Receiving facility contacted: Yes ☒ No ☐Accompanying patient: ☐ Outpatient Medical Records ☒ Discharge Summary ☐ Prosthetic Devices (specify) _____

Vital Signs Prior to Discharge: T _____ P _____ R _____ BP _____

Patient Condition at time of discharge:

Stable

Is patient experiencing discomfort (pain, respiratory, muscle/skeletal, etc.)? _____

denies regular PPD Date: (+) PPD Results: treated in Trenton NJ MN: _____

Condition of Skin	Yes	No	Location/Description
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rash	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Reddened Areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Decubitis Ulcers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surgical Incision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Wound Closures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>LT knee open area</u>
Tubes or Drains	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Medications:

Name	Dose	Time/Frequency	Time Last Dose Given	Special Instructions
<u>Erythromycin</u>	<u>500mg</u>	<u>BID</u>		
<u>Metformin</u>	<u>800mg</u>	<u>TID</u>		

Instructions:

Physician follow-up (if applicable):

Flu in 1wk.

Additional Comments:

Memo for bottom bunk + elevate LT leg.Nurses Signature: B. Cameron Lpn

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FIRST CORRECTIONAL MEDICAL, INC

SPECIAL NEEDS REFERRAL FORM

SPECIAL NEEDS INMATES ☐ *Inmates who require close medical supervision and/or multi disciplinary care. Included among special needs inmates: chronically ill; inmates with serious communicable diseases; physically disabled; seriously mentally ill; pregnant; frail; elderly or terminally ill. Special needs considerations may be temporary (inmate needs crutches) or permanent (inmate has an artificial limb).*

Date: 8-2-04 Inmate Name: Redden, Emanuel Inmate Number: [REDACTED]

Special Need Identified by: Yam YND during: visit

Special Needs Treatment Plan Initiated: ☒ Yes ☐ No

Medical

Need: Bottom Bank, elevator/Dleg, keep drsg
Expected Duration: 1 month to D K neg clean & dry.

Housing Need:

Expected Duration: _____

Mental Health or Psychiatric Need: _____

Expected Duration: _____

Has durable medical equipment issued to the inmate: ☐ No ☐ Yes

If yes, what equipment was issued: _____

Was the inmate given instruction on the safe use of the equipment? ☐ Yes ☐ No

If no, why? _____

Instructions:

1. Complete the Special Needs Referral form and route to the Health Service Administrator.

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2055
CONNECTION TEL 8565832
CONNECTION ID MEDIUM
ST. TIME 08/02 08:36
USAGE T 00'37
PGS. SENT 1
RESULT OK

FIRST CORRECTIONAL MEDICAL, INC

SPECIAL NEEDS REFERRAL FORM

SPECIAL NEEDS INMATES ☐ *Inmates who require close medical supervision and/or multi disciplinary care. Included among special needs inmates: chronically ill; inmates with serious communicable diseases; physically disabled; seriously mentally ill; pregnant; frail; elderly or terminally ill. Special needs considerations may be temporary (inmate needs crutches) or permanent (inmate has an artificial limb).*

Date: 8-2-04 Inmate Name: Redden, Emanuel Inmate Number: [REDACTED]

Special Need Identified by: Wm YNP during: visit

Special Needs Treatment Plan Initiated: ☒ Yes ☐ No

Medical

Need: Bottom Bank, elevator to D leg, keep area
Expected Duration: 1 month to D K leg, clean & dry.

Housing Need:

Expected Duration: _____

Mental Health or Psychiatric Need: _____

Expected Duration: _____

Has durable medical equipment issued to the inmate: ☐ No ☐ Yes

If yes, what equipment was issued: _____

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